PARISH REGISTRATION FORM

Scan and email this signup sheet to
Kate McFadden at kmcfadden@trinitycleveland.org by ***May 7, 2018***

PARISH: CITY:

CHAPERONE(S) ATTENDING: NAME / PHONE NUMBER

1.)

2.)

STUDENT(S) ATTENDING:

NAME / GRADE / GENDER / TSHIRT / HEALTH CONCERNS?

1.)

2.)

3.)

4.)

5.)

6.)

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